

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Le Moyne College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 1419 Salt Springs Road, Syracuse, NY 13214

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Clyde R. Wolford

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Clyde R. Wolford, Director of Information Systems, Le Moyne College, 1419
Salt Springs Road, Syracuse, NY 13214

Telephone Number of Designated Agent: (315) 445-4565

Facsimile Number of Designated Agent: (315) 445-4540

Email Address of Designated Agent: wolford@maple.lemoyne.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 4/23/1999

Typed or Printed Name and Title: Clyde R. Wolford, Director of Information Systems

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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